PTO/SB/22 (10-04)
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| PETITIO             | ON FOR   | R EXTENSION OF TIME UNDER 37   | Docket Number (Optional)    |  |                       |  |  |
|---------------------|--|--|-----------------------------|--|-----------------------|--|--|
|                     | •  | FY 2005  | 8108                        |  |                       |  |  |
|                     |  | s effective on or after December 8,  | -:: 1 04/00/0004            |  |                       |  |  |
|                     |  | nber 10/764,197  | Filed 01/23/2004            |  |                       |  |  |
| For                 | REMOV  | /ABLY ATTACHABLE MOTORCYCLE  | LUGGAGE                     |  |                       |  |  |
| Art Unit            | 3727   |  |                             | Examiner Mai, Tri                                  | M.                    |  |  |
| applicatio          | on.  | under the provisions of 37 CFR 1.136(a) to ex  | •                           |  |                       |  |  |
| The reque           | ested exte   | tension and fee are as follows (check time per   | riod desired and enter      | r the appropriate fee below                        | w):                   |  |  |
|                     |  |  | <u>Fee</u>                  | Small Entity Fee                                   |                       |  |  |
|                     | $\boxtimes$  | One month (37 CFR 1.17(a)(1))  | \$120                       | \$60   | \$ <u>60.00</u>       |  |  |
|                     |  | Two months (37 CFR 1.17(a)(2))   | \$450                       | <b>\$225</b>                                       | \$                    |  |  |
|                     |  | Three months (37 CFR 1.17(a)(3))   | \$1,020                     | \$510  | \$                    |  |  |
|                     |  | Four months (37 CFR 1.17(a)(4))  | \$1,590                     | \$795  | \$                    |  |  |
|                     |  | Five months (37 CFR 1.17(a)(5))  | \$2,160                     | \$1,080  | \$                    |  |  |
| $\boxtimes$         | Applicant claims small entity status. See 37 CFR 1.27.   |  |                             |  |                       |  |  |
| $\boxtimes$         | A check in the amount of the fee is enclosed.  |  |                             |  |                       |  |  |
|                     | Paym   | Payment by credit card. Form PTO-2038 is attached.   |                             |  |                       |  |  |
|                     | The C  | Director has already been authorized to o  | charge fees in this         | application to a Depos                             | it Account.           |  |  |
|                     | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet. |  |                             |  |                       |  |  |
|                     |  | nformation on this form may become publication and authorization aut |                             |  | icluded on            |  |  |
| I am th             | ne   | ☐ applicant/inventor.  |                             |  |                       |  |  |
|                     |  | assignee of record of the entire int   | terest. See 37 CFF          | ₹ 3.71   |                       |  |  |
|                     |  | Statement under 37 CFR 3.73(I  | b) is enclosed. (Fo         | rm PTO/SB/96).                                     |                       |  |  |
|                     |  | attorney or agent of record. Regis   | stration Number <u>53</u> , | <u>,840</u>  |                       |  |  |
|                     |  | attorney or agent under 37 CFR 1.  | .34.                        |  |                       |  |  |
|                     |  | Registration number if acting under 37 (   | CFR 1.34                    |  |                       |  |  |
| antona. M. I Olland |  |  | -                           | September 1, 2                                     | <u>2005</u>           |  |  |
|                     | Anto   | Signature  |                             | Date   |                       |  |  |
|                     | Ano  | Typed or printed name  |                             | 414-298-8285                                       | <del></del>           |  |  |
| NOTE: Sigr          | natures of   | all the inventors or assignees of record of the entire   | e interest or their represe | Telephone Number<br>entative(s) are required. Subr | mit multiple forms if |  |  |
| more than o         | one signatu  | ture is required, see below.   |                             |  | •                     |  |  |
| √ Total             | of 1 form  | ns are submitted   |                             |  |                       |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS

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| Effective on 12/08/2004. Felse pursuant to the Consolidated Appropriations Act, 200 | 5 (H R 4818) | Complete if Known    |                     |  |
|---|--------------|----------------------|---------------------|--|
| <b>.8</b> /   | ·            | Application Number   | 10/764,197          |  |
| FEE TRANSMITTA  | <b>\</b> L [ | Filing Date          | 01/23/2004          |  |
| for FY 2005   |              | First Named Inventor | Kristopher M. Krohn |  |
| Applicant claims small entity status. See 37 C                                      | CFR 1.27     | Examiner Name        | Mai, Tri M.         |  |
|   |              | Art Unit             | 3727                |  |
| TOTAL AMOUNT OF PAYMENT (\$) 60.00  | (\$) 60.00   | Attorney Docket No.  | 8108                |  |

| METHOD OF PAYMENT (check all that apply)   |  |                         |                    |                         |                 |                         |                      |
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| ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  |  |                         |                    |                         |                 |                         |                      |
| □ Deposit Account Deposit Account Number: 18-0882 Deposit Account Name: Reinhart Boerner Van Deuren s.c.   |  |                         |                    |                         |                 |                         |                      |
| For the above-io   | lentified depo   | osit account, the D     | irector is hereby  | authorized to: (che     | eck all that ap | ply)                    |                      |
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| FEE CALCULATION  |  |                         |                    |                         |                 |                         |                      |
| 1. BASIC FILING, SE  | ARCH, ANI  | DEXAMINATIO             | N FEES             |                         |                 |                         |                      |
|  | FILING I   |                         | SEARCH             |                         |                 | ATION FEES              |                      |
| Application Type   | Fee (\$)   | Small Entity<br>Fee(\$) | Fee(\$)            | Small Entity<br>Fee(\$) | Fee(\$)         | Small Entity<br>Fee(\$) | Fees Paid (\$)       |
| Utility  | 300  | 150                     | 500                | 250                     | 200             | 100                     |                      |
| Design   | 200  | 100                     | 100                | 50                      | 130             | 65                      |                      |
| Plant  | 200  | 100                     | 300                | 150                     | 160             | 80                      |                      |
| Reissue  | 300  | 150                     | 500                | 250                     | 600             | 300                     |                      |
| Provisional  | 200  | 100                     | 0                  | 0                       | 0               | 0                       | <del></del>          |
| 2. EXCESS CLAIM FE   | 2. EXCESS CLAIM FEES Small Entity                                      |                         |                    |                         |                 |                         |                      |
| Fee Description  |  |                         |                    |                         |                 | <u>Fee (\$)</u>         | Fee (\$)             |
|  |  |                         |                    |                         |                 | 25<br>100               |                      |
| Each independent claim over 3 (including Reissues) 200 Multiple dependent claims 360   |  |                         |                    |                         |                 | 180                     |                      |
| Total Claims   |  |                         |                    |                         |                 | Dependent Claims        |                      |
| 20 or HP= x = <u>Fee (\$) Fee Paid (\$)</u>  |  |                         |                    |                         |                 |                         |                      |
| HP = highest number of   | HP = highest number of total claims paid for, if greater than 20.      |                         |                    |                         |                 |                         |                      |
| Indep. Claims  |  |                         |                    |                         |                 |                         |                      |
| 3 or HP= x =   |  |                         |                    |                         |                 |                         |                      |
| _  | HP = highest number of independent claims paid for, if greater than 3. |                         |                    |                         |                 |                         |                      |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer         |  |                         |                    |                         |                 |                         |                      |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50                              |  |                         |                    |                         |                 |                         |                      |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |  |                         |                    |                         |                 |                         |                      |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x = |  |                         |                    |                         |                 |                         |                      |
|  | =  | / 50 =                  | (round <b>up</b>   | to a whole numb         | oer) x          |                         | =                    |
| 4. OTHER FEE(S)  | .,,  |                         |                    |                         |                 |                         | Fees Paid (\$)       |
| Non-English Specification, \$130 fee (no small entity discount)  |  |                         |                    |                         |                 |                         |                      |
| Other (e.g., late filing surcharge): One Month Extension of Time (Small Entity) \$60.00  |  |                         |                    |                         |                 |                         |                      |

| SUBMITTED BY      |  |           |                   |
|-------------------|--|-----------|-------------------|
| Signature         | (Intona M. Lollan Begistration No. (Attorney/Agent) 53,840 | Telephone | 414-298-8285      |
| Name (Print/Type) | Antonia M. Holland   | Date      | September 1, 2005 |

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